

## ARKANSAS SUPPLEMENTAL MOTOR VEHICLE/ANIMAL ACCIDENT REPORT

REPORT NUMBER	DATE: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	TIME: <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> <input type="checkbox"/> AM <input type="checkbox"/> PM	
HIGHWAY	COUNTY	SECTION	LOG MILE
VEHICLE MAKE	VEHICLE MODEL	BODY STYLE	COLOR
YEAR			
VIN	VEHICLE LICENSE	STATE	
WHERE VEHICLE DAMAGED		ESTIMATE OF DAMAGE	
OWNER (First, MI, Last Name)		ADDRESS OF OWNER	
		CITY	STATE
		ZIP CODE	
DRIVER (First, MI, Last Name)		ADDRESS OF DRIVER	
		CITY	STATE
		ZIP CODE	
DRIVER'S LICENSE NO.	<input type="checkbox"/> DL <input type="checkbox"/> CDL	CLASS OF LICENSE	STATE
SEAT BELT IN USE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF ACCIDENT: <span style="border-bottom: 1px solid black; display: inline-block; width: 500px;"></span>			
IF APPLICABLE			
OWNER AND/OR DISPOSITION OF ANIMAL: <span style="border-bottom: 1px solid black; display: inline-block; width: 400px;"></span>			
(First) (MI) (Last Name)			
ADDRESS: <span style="border-bottom: 1px solid black; display: inline-block; width: 400px;"></span>			
(Street) (City) (State) (Zip Code)			
TROOPER/OFFICERS NAME (Rank, First, MI, Last Name)			BADGE #
DEPARTMENT	REVIEWING OFFICER	DATE REPORT FILED (Mo/Day/Yr)	